PTO/SB/06 (08-03)
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	PA	TENT APP	LICATION	ON FEE DET titute for Form P	ONI	RECORD			ss it displays a valid OMB control numbe Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			D NUM	NUMBER EXTRA		RATE	FEE	7	RATE		
BASIC FEE (37 CFR 1.16(a))						7 f		3	1	MIE	FEE AM IST
	TAL CLAIMS CFR 1.16(c))	14	4 minus	20 = .		1	X \$ =		OR		300.00
INI (37	DEPENDENT CLA					┨┠		 	OR	X \$=	50000
<u> </u>	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					┪┟	X \$=		OR	X \$=	200-00
* If the difference in column 1 is less than zero, enter "0" in column 2.						ן נ	+\$=		OR	+\$=	100000
CLAIMS AS AMENDED - PART II							TOTAL	L	OR	TOTAL	100000
OTHER THAN											
AMENDMENT A	(Column		1	(Column 2)	(Column 3)	י ר	SMALL I	ENTITY	OR 1		ENTITY
	,	REMAINING AFTER AMENDMEN	-1	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	14	Minus	•	=		× \$ =		OR	x \$ =	100
	Independent (37 CFR 1.16(b))	· a	Minus	***	=		< \$ =		OR	x \$ =	
F	PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR		
Claims that are amended 4-7am							TOTAL ADD'L FEE		OR	+ \$ = TOTAL ADD'L FEE	100000
	~	(Column 1)		(Column 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL
	Total (37 CFR 1.16(c))	•	Minus	**	=	X	s =		OR	× \$=	FEE
	Independent (37 CFR 1.16(b))	•	Minus	***	=		s		OR OR	x \$ =	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1.	s =		OR	+s =	
						T	OTAL DD'L FEE		OR L	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	Independent (37 CFR 1.16(b))	•	Minus	***	=	х	s=		ľ	X \$ =	
₹	FIRST PRESENTA	ATION OF MULTIP	LE DEPENDE	NT CLAIM (37 CFF	t 1.16(d))	+	\$ _ =		OR	+ \$ =	
						ΑĮ	OTAL OD'L FEE			TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Andt 1/12/05

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.